

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51293

**Entity Name:** VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND  
DEVELOPMENT CORPORATION OF THE TAMPA BAY AREA, INC.**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC2991044016****Current Principal Place of Business:**405 CENTRAL AVE STE 100  
ST PETERSBURG, FL 33701**Current Mailing Address:**405 CENTRAL AVE STE 100  
ST PETERSBURG, FL 33701 US**FEI Number: 58-2030719****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JENNEWEIN, JONATHAN P  
101 E. KENNEDY BLVD.  
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PCEO
Name	STRINGFELLOW, JANET M
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	SECRETARY
Name	ATKINS, ROBERT E
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	VC
Name	BUENO, ALEX
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	DIRECTOR
Name	ANDERSON, KRISTIN
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	T
Name	SHEPHERDSON, EDWIN A
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	CHAIRMAN
Name	HOUSSIAN, DAVID
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	DIRECTOR
Name	TOWATER, SUSIE
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

Title	DIRECTOR
Name	GUTIERREZ, HELEN
Address	405 CENTRAL AVE STE 100
City-State-Zip:	ST PETERSBURG FL 33701

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JANET M STRINGFELLOW****PRESIDENT/CEO****02/16/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARVEY, MAURICE  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TABANO, STEPHEN  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TUTWILER, ALLISON  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name KENNEDY-RUYLE, S. ELAINE  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name BAKER, MARTHA  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701